

WORK ORDER FOR TERM CONTRACT ASSIGNMENT (TC-008)

Professional Services for Demolition

REQUEST FOR TERM CONTRACT ASSIGNMENT

Project Assignment Description: (Project Title, Location)	Consultant Name:	
	Term Contract No. P1103-00	Work Order No.

Scope of Services: (Scope, Description of Work, Fee Breakdown, Deliverables and Due Date)

☐ Detailed Proposal Attached

Due Date: (check one)

Complete the work of this assignment: ☐ within ____ days. ☐ By _____. ☐ Not Applicable

Total Fee:	No liability shall be incurred nor payments made beyond the Total Fee amount without prior written approval by DEP & DPMC.
Not To Exceed (NTE): Authorized upon the DPMC review and approval of employee cards, documentation of tasks performed, and valid receipts for reimbursables.	
Lump Sum (LS): Authorized upon the DPMC approval of percentage complete of the milestone submissions, phase completions and/or deliverables specified in the scope of services. All costs and expenses incurred by the Consultant are included in the LS payment(s).	

AGREED:	APPROVED STATE AGENCY REPRESENTATIVE DATE
CONSULTANT SIGNATURE DATE	APPROVED DPMC DEPUTY DIRECTOR DATE